

EVALUATION OF PRIVILEGES - PHYSICAL THERAPY		PERIOD		DATE		
For use of this form, see AR 40-68; the proponent agency is OTSG		FROM	TO			
RATED BY		PRIVILEGES PERFORMED BY		TREATMENT FACILITY		
TITLE						
PRIVILEGES		RECOMMENDATIONS BY DEPT./SVS. CHIEF				
ITEM		ACCEPT- ABLE	BORDER- LINE	UNACCEPT- ABLE	REQUIRES ADDL. EDUCATION	SELDOM EXER- CISED
Category I.						
Category II.						
Procedures/Skills.						
	11. Electromyographic testing.					
	12. Nerve conduction velocity testing.					
	13. Inhibitive casting.					
	14. Percent body fat testing.					
	15. Early intervention hi-risk infants.					
Category III - Neuromusculoskeletal Evaluations.						
Procedures/Skills.						
	16. Request X-rays.					
	17. Temporary profile not exceeding 30 days.					
	18. Assign quarters up to 72 hours.					
	19. Refer to specialty clinics.					
	20. Medication prescription (see attachment).					
Category IV - Other Privileges (List below).						

COMMENTS (Borderline and unacceptable ratings will be addressed.)

RATER'S SIGNATURE	DATE
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